



USA Pickleball Association Certificate of Insurance Request Form

Certificates of Insurance are issued as proof of insurance coverage to a third party or certificate holder, such as the owner of a tournament venue. If required, the certificate holder may be named as an Additional Insured on USAPA's liability policy. Please complete all sections of this form to receive a Certificate of Insurance and, if needed, proof of Additional Insured status.

Mail this completed form to **USAPA, P.O. Box 7354, Surprise, AZ 85374** at least 30 days before the event starts or scan the signed form and email as an attachment to **tournament@usapa.org**. If you have any questions about filing out this form, please e-mail: **gjoly@loomislapann.com**.

Name of Pickleball Event _____

Event Dates: Beginning _____ Ending _____. Probable number of entrants _____

Location (Venue/Certificate holder) of Event _____

Venue Street Address _____

City _____ State _____ Zip code _____

Venue Contact Person _____ Phone _____

E-mail _____ Fax _____

Does the Certificate Holder require Additional Insured status? Yes _____ No _____

If yes, please specify "additional insured" wording as it should appear: _____

Other named Additional Insureds: (Provide name as it should appear and address if different than above)

1. _____

2. _____

By submitting this request, the event or tournament director and tournament volunteers agree to comply with the rules and sanctioning guidelines as set forth by the USA Pickleball Association.

Director's Name _____ Phone _____

E-mail _____ Fax _____

Address _____

City _____ State _____ Zip code _____

Signed _____ Dated _____

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For internal USAPA use only. To insurer: This event has been sanctioned by the USAPA.

Signed: _____, USAPA Representative. Dated: _____